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|---|---|---------------------|---------------------------|------------------------|---|-----------------------------------|----|----------------------------|
| APPLICANTS Floyd Backes, Sharon, NH; Laura Bridge, Sharon, NH; *********************************** | | | | | | | | |
| Foreign Priority claimed yes on no 35 USC 119 (a-d) conditions yes on met Allowance Verified and Acknowledged Examiner's Signature Initials | | | STATE OR COUNTRY NH | DRAWING CLA | | TOT. CLAI 5 | MS | INDEPENDENT CLAIMS 1 |
| ADDRESS 34845 | | | | | | | | |
| TITLE Program for selecting an optimum access point in a wireless network on a common channel | | | | | | | | |
| RECEIVED No. | EIVED No to charge/credit DEPOSIT ACCOUNT | | | | All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit | | | |